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18475763750 JAN 20 2005 P.003/016 F-216

DOCKET NO. CML00075H

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CML00075H
In re Application of	Ma et al.	
Application Number	10/007,886	Filed 11/05/2001
For	Speech Recognition By Dynamical Noise Model Adaptation	
Group Art Unit	2655	Examiner Albertalli, Brian Louis
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 400.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 920.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1440.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1960.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117		
<input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.		
I am the:		
<input type="checkbox"/> Applicant/Inventor		
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.		
<input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 38,529 )		
<input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)		
January 20, 2005		Signature
Date		James A. Lamb
Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 form(s) are submitted		
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Jan 20, 2005		
Typed or printed name		Dawn M. Hebein
Signature		